

MAY 24 2007

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2292 7590 02/27/2007

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(Depositor's name)

 (Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/542,912	07/21/2005	Evelyne Lopez	4005-0264PUS1	9551

TITLE OF INVENTION: METHOD FOR THE EXTRACTION OF LIPIDS FROM NACREOUS MOLLUSCS

A OF EXTRACTING MOLLUSKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	05/29/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRICE, RICHARD THOMAS JR	3643	452-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Birch, Stewart, Kolasch & Birch, LLP, _____ 2 _____ 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	65/29/2007 YP011 T1E2 00000002 022448 10542912

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 02 FL:1504 300.00 DA
 07 FC:0001 12.00 DA

(A) NAME OF ASSIGNEE

Robert Wan Holding

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Papeete-Tahiti, Polynesia of France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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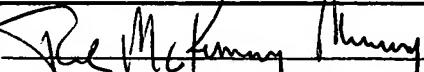
A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name Joe McKinney Muncy

Date May 24, 2007

32,334

Registration No. _____

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